



The Regulation and  
Quality Improvement  
Authority

St Julian's House  
RQIA ID: 10866  
St Julian's Road  
Omagh  
BT79 7HQ

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**Unannounced Care Inspection  
of  
St Julian's House**

**14 September 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 14 September 2015 from 10.00 to 15.30. Overall on the day of the inspection the care was found to be safe, effective and compassionate. The outcome of the inspection found no areas of concern. A Quality Improvement Plan (QIP) was not included in this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Apex Housing Association/Gerald Kelly	<b>Registered Manager:</b> Eilish Morris
<b>Person in Charge of the Agency at the Time of Inspection:</b> Eilish Morris	<b>Date Manager Registered:</b> 3 March 2009
<b>Number of Service Users in Receipt of a Service on the Day of Inspection:</b> 15	

St Julian's House is a supported living type domiciliary care agency situated close to Omagh town centre. The agency provides housing with care to older people; 15 tenants live in individual flats and tenants are encouraged to bring familiar furnishings with them and to decorate to their individual taste.

The agency's aim is to provide care and support to older people; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services with the overall goal of promoting health and maximising quality of life.

Tenants are encouraged to actively participate in the running of the project and use the forum of bi-monthly tenants' meetings to put forward their views and ideas. The meetings are also used to highlight any complaints that tenants may have and this information is recorded.

Agency staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users.**

**Theme 2: Service User Involvement - Service users are involved in the care they receive.**

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with staff/stakeholders/relatives
- File audit
- Evaluation and feedback

During the inspection the inspector met with two service users, four support staff and the registered manager; the inspector spoke to the relatives of two service users.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- Care and support plans of three service users
- Recording/evaluation of care records
- Monthly quality monitoring reports
- Minutes of tenants'/ family meetings
- Minutes of staff meetings
- Staff training records
- Records relating to staff supervision and appraisal
- Staff induction records
- Complaints register
- Recruitment policy (January 2014)
- Training and development policy (January 2015)

- Supervision policy (July 2014)
- Disciplinary procedure (June 2014)
- Absence management policy (November 2013)
- Staff handbook (April 2015)
- Staff register/information
- Agency's staff rota information
- Whistleblowing policy
- Customer satisfaction strategy (2014-17)

Staff questionnaires were completed by five staff following the inspection; they indicated the following:

- Service users' views are taken into account in the way the service is delivered.
- Staff are fully satisfied that the induction programme prepared them for their role.
- Staff are satisfied that care is delivered in a person centred manner.
- Staff are satisfied that concerns raised are taken seriously and are aware of the agency's whistleblowing policy.
- Staff are satisfied that at all times there is an appropriate number of suitably skilled and experienced persons to meet the service users' needs.

Comments:

- "Care and support provided is excellent."
- "The staffing levels are sufficient; we very rarely have agency staff; we work together to provide cover."

Service users' questionnaires were completed by ten service users during or following the inspection; they indicated that:

- Service users are very satisfied with the care and support they receive.
- Service users are very satisfied that they are consulted in relation to the quality of the service.
- Service users feel safe and staff respond to their needs.
- Service users are satisfied that staffing levels are appropriate.
- Service users are satisfied that staff have the skills to care for them.

Comments of two individuals:

- "Staff are absolutely wonderful."
- "I am happy with everything."

The inspector would like to thank the service users, relatives, staff and the registered manager for their support and co-operation during the inspection.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Last Care Inspection Dated 5 March 2015

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 14.(d)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted and the prescribed services arranged by the agency, are provided –</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes.</p> <p>This requirement is in relation to the registered person ensuring that service users are encouraged to have an assessment of needs carried out by the relevant HSC trust.</p> <p><b>Action taken as confirmed during the inspection:</b> The registered manager described the process for encouraging service users to avail of an assessment of need by the HSCT; a record is maintained of the service users' decisions. One service user who has had an assessment of need completed by the HSCT is now in receipt of services funded by the relevant HSCT.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 14.(e)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided -</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them.</p> <p>This requirement relates to the registered person ensuring that the agency review the practice of monitoring and recording of service users' weight to identify those service users who require regular weight monitoring.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The registered manager stated that a number of service users have their weight routinely monitored and could outline the rationale in relation to each individual service user who currently has their weight monitored.</p>	
<p><b>Requirement 3</b>  <b>Ref: Regulation 23.-(1)(5)</b></p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained clearly records the views of service users' relatives and relevant professionals.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> From monthly quality monitoring records viewed it was noted that the views of service users' relatives and where appropriate relevant professionals were recorded.</p>	

## 5.2 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

### Is Care Safe?

The agency's recruitment policy outlines the mechanism used to ensure that appropriate pre-employment checks are completed; a record of checks completed is retained by the organisations Human Resources department. The agency maintains an alphabetical index of domiciliary care workers supplied or available for supply by the agency. The registered manager could describe the process for ensuring that staff supplied are physically and mentally fit for the purposes of their job role; staff are required to complete a health questionnaire prior to commencement of employment and may be required to undergo a medical assessment. The agency's absence management policy outlines the process for supporting staff to return to work.

The agency's Training and Development Policy outlines the induction programme lasting at least three days; which includes shadowing other staff members. Staff stated that they had received a structured two week induction programme based at the agency's head office; the manager stated that the format of the induction has recently been reviewed and stated that staff will now be required to attend training weekly during their initial induction period.

A record of the induction provided is maintained by the agency; records viewed indicated evidence of a comprehensive induction programme. Staff are provided with a staff handbook and induction booklet, and have access to the agency's policies and procedures; the agency

requires that all staff sign individual policy documents to indicate that they have read and understood the contents. It was identified that staff receive more frequent supervision during their induction period.

A record is maintained of those staff supplied on a temporary or short notice basis. The agency has a procedure for verifying the identity of all staff prior to their supply; documentation viewed contained a photographic profile. The registered manager could describe the procedure for the induction of staff supplied at short notice.

The agency's policy and procedures for staff supervision and appraisal outline the frequency and processes to be followed. It was identified from records viewed that staff are provided with a supervision contract; and that a record of supervision and appraisal are maintained; those viewed indicate that they are completed in accordance with the agency's policies and procedures. It was noted that the person completing the monthly quality monitoring visit monitors the agency's supervision and appraisal compliance with the policy.

### **Is Care Effective?**

Discussions with the registered manager, staff, service users and relatives indicated that an appropriate number of skilled and experienced persons are available at all times. It was noted that staff rota information reflected staffing levels as described by the manager; rotas viewed for the forthcoming days had staff allocated to shifts as required. From records viewed it was identified that staff rota information detailed the full name of staff provided, an abbreviation list and in addition identified the person in charge on each shift.

Staff are provided with a job description during their induction, outlining the roles and responsibilities of individual job roles; staff could describe their roles and responsibilities. The agency has a process for ensuring that staff supplied from another domiciliary care agency have the appropriated knowledge, skills and training to fulfil the requirements of the role.

Staff could describe the content of the induction programme provided; information viewed and discussion with staff indicated that an appropriate induction programme is provided within the initial few weeks of employment; it was noted that the full induction process takes six months to complete. From induction records viewed it was noted that staff are required to complete an evaluation of induction at regular intervals and end of course questionnaires.

The agency's Training and Development Policy, outlines the responsibilities of the registered manager and staff in highlighting and addressing training needs. The agency maintains a matrix of staff training it is reviewed monthly by the manager; staff stated that they can approach the manager at any time to discuss individual training needs.

It was identified that staff providing supervision have received appropriate training; the agency's policy details the frequency of supervision and appraisal; it was noted that staff are provided with a supervision contract. Staff stated that they receive quarterly supervision and annual appraisal; this was confirmed by records viewed. Mandatory training is provided to all staff and in addition it was identified that the agency provides training specific to the needs of individual service users.

The agency has a process for addressing unsatisfactory performance of staff; the staff handbook outlines the agency's disciplinary policy and procedures.

Staff were aware of their responsibility in highlighting concerns and had knowledge of the agency's whistleblowing policy.

### **Is Care Compassionate?**

The manager stated that service users are introduced to all staff and are allocated a keyworker; they stated that concerns raised by service users and their representatives are discussed at tenant and staff meetings.

Service users and their relatives stated that they are familiar with staff provided to support them and are introduced to new staff. Staff could describe the impact of staff changes on service users and the benefits in providing continuity of care; they informed the inspector that the agency has minimal use of outside agency staff.

Induction records viewed indicated that staff receive induction and ongoing training specific to the needs of service users. Staff stated that they had the appropriate knowledge and skills to carry out their roles; they stated that during induction they are supported to familiarise themselves with the needs of service users. Service users and relatives indicated that staff provided have the appropriate knowledge and skills to meet their needs.

The manager and staff described the importance of respecting the privacy, dignity and choices of service users; service users stated that their privacy and dignity is respected at all times.

The agency's disciplinary policy and procedures outline the process for addressing unsatisfactory performance of staff.

### **Service User Comments:**

- "Staff are very helpful."
- "I love it here."
- "If I have any worries I speak to the staff."
- "I can do what I please; I go out golfing every day."
- "I am happy with everything."
- "There are enough staff."
- "I enjoy the company here; I attend any organised activities."
- "The staff are great; they care about you and worry about you."
- "When I feel down I speak to the staff."

### **Staff Comments:**

- "I receive supervision; I find it beneficial."
- "I received an initial two week induction; the induction and training is excellent."
- "Training is specific to the needs of service users."
- "I am really happy working here; it is a great place to work."
- "We have a good team of staff; we all help each other."



- “Manager is approachable, I would feel comfortable raising concerns; knowing they would be dealt with appropriately.”
- “I feel there are enough staff to meet the needs of the service users.”
- “I have worked here 19 years and it is a great place.”
- “The manager is very good at keeping the staff team up to date.”
- “I feel we are listened to.”
- “We are supported to do extra training.”

#### **Relative’s Comments:**

- “Staff are excellent.”
- “Staff encourage my relative to interact with other tenants.”
- “I can approach any of the staff if I have concerns.”
- “I am very happy with everything.”
- “XXXXX is a great asset to the team; they are exceptional.”
- “Staff keep me informed of any changes; the communication is good.”
- “The manager is wonderful.”

#### **Areas for Improvement**

There were no areas for improvement identified within Theme 1.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### **5.3 Theme 2: Service User Involvement - Service users are involved in the care they receive.**

#### **Is Care Safe?**

Assessments of need and risk assessments viewed reflected the views and choices of service users and where appropriate their representatives. Service users and their relatives stated that they are involved in the assessment of need and completion of their individual care and support plans and that their views and wishes are reflected.

There was evidence of positive risk taking in collaboration with the service user and/or their representative. Staff stated that they complete a risk assessment in conjunction with service users and their representatives; assessments viewed provided examples of positive risk taking. Staff could describe the benefits of positive risk taking and their role in supporting service users to live as full a life as possible.

#### **Is Care Effective?**

Service users are encouraged to participate in an annual review of their care and support involving the agency’s staff. Staff record daily the care and support provided; it was noted that risk assessments and care and support plans are reviewed six monthly or as required; in addition staff complete a monthly report for individual service users. Service users stated that they are included in the development of their care plans and that they meet their keyworker regularly. Care plans viewed are written in an individualised way and record the wishes, choices and individual routines of service users.

The agency's Customer Satisfaction Strategy outlines the methods used to capture the views and opinions of service users and their representatives. The agency facilitates bi-monthly tenants meetings; service users stated that they are encouraged to participate and express their views. The agency facilitates an annual family meeting and relatives stated that they are invited to attend. The manager stated that the agency issues questionnaires to stakeholders to ascertain their views in relation to the care provided.

Service users and their relatives are informed of the agency's complaints procedure the agency maintains a record of all compliments and complaints. Monthly quality monitoring visits are completed and documentation viewed indicates engagement with service users and their representatives.

Service users have been provided with human rights information in a suitable format and the tenants guide details the process of accessing an independent advocacy service.

### **Is Care Compassionate?**

Discussions with staff, service users and relatives indicate that care is provided in an individualised manner. Care plans viewed are written in a person centred manner and service users stated that they are involved in development of their care and support plans; they stated that staff consult them in relation the care and support they receive.

The registered manager described the process for engaging with service users and where appropriate their representatives. Staff stated that service users are encouraged to attend tenant's meeting and that they are given opportunity to express their views and concerns. Service users could describe the care and support that they receive from staff and state that they can speak to staff about their concerns at any time.

Promotion of values such as dignity, choice and respect were evident through discussion with staff, service users and relatives. Relevant reference to human rights was outlined in care plans viewed; the agency provides service users with information on human rights in an easy read format.

Staff could describe the process of engaging with HSCT representatives regarding best interest practices for service users where there may be capacity and consent issues.

### **Service User Comments:**

- "Staff listen to us."
- "I attend the tenant's meetings."
- "I can do what I want."
- "I go out every day; I go walking and golfing."
- "I can speak to the manager if I have any concerns."
- "Everything is perfect."
- "This is much better than the place I lived before; I am more independent and have more freedom."
- "Staff respect me; they are very kind."

**Staff Comments:**

- “Service users can make their own choices.”
- “Service users and their families are involved in developing their care plans.”
- “Staff promote the independence of service users.”
- “Service users are encouraged to attend tenant’s meetings.”
- “Staff and service user work together to promote independence and dignity.”

**Relative’s comments:**

- “I meet with staff in relation to my relatives care needs; I attend the review meetings.”
- “My relative is given choice and can make their own decisions.”
- “My relative is encouraged to be independent.”
- “I am reassured that the staff can look after my mother.”

**Areas for Improvement**

There were no areas for improvement identified within Theme 2.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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**5.4 Additional Areas Examined****5.4.1 Monthly Quality Monitoring**

The inspector viewed the agency’s quality monitoring records; it was identified that unannounced monthly monitoring visits are completed by a senior housing officer within the organization. Records viewed detailed the views of service users, their relatives and where appropriate relevant professionals. It was identified that the documentation contained information relating to incidents, safeguarding concerns, staffing issues, staff supervision and training needs and contained an action plan. The agency’s reports are comprehensive and provide assurance of a robust system of quality monitoring and service improvement.

**5.4.2 Complaints**

The agency has had four complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the registered manager. The agency’s complaints policy was reviewed in May 2013; it outlines the procedure in handling complaints; records viewed indicated that the agency’s procedures had been appropriately followed whilst dealing with complaints.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

<b>Registered Manager</b>	Eilish Morris	<b>Date Completed</b>	24/09/15
<b>Registered Person</b>	Muriel Sands	<b>Date Approved</b>	24/09/15
<b>RQIA Inspector Assessing Response</b>	Joanne faulkner	<b>Date Approved</b>	25/09/15

Please provide any additional comments or observations you may wish to make below:

I am happy with the content of the inspection Report.

*\*Please complete in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**